



## **ATTESTATION I**

(Use BLUE or BLACK ink ONLY)

### **CONFIRMATION OF SEC. 205 COMPLIANCE**

(To be signed by the municipal clerk or their designee and submitted by the applicant)

Do not sign until notary is present

#### **PART A:**

I, \_\_\_\_\_, (Clerk/Designee) of \_\_\_\_\_ (Municipality), hereby attest to the Marijuana Regulatory Agency (Agency) that the applicant for a state operating license as named below and at the address listed below, is in compliance with the municipal ordinance requirement of section 205 of the Medical Marijuana Facilities Licensing Act, 2016 PA 281 (MMFLA) and as provided in the administrative rules enacted pursuant to the MMFLA.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Address

\_\_\_\_\_  
Type of Marijuana Facility

I further attest that:

1. The municipality has adopted an ordinance under section 205 of the MMFLA.
2. There are ☐ are not ☐ limitations on the number of the above listed type of proposed marijuana facility. If limitations exist, a description of the limitations is attached.
3. There are ☐ are no ☐ zoning regulations that apply to the proposed marijuana facility within the municipality. If zoning regulations exist, a description of the zoning regulations are attached.
4. The applicant has municipal authorization to operate. A certificate of occupancy, by whatever name the municipality designates, has been issued ☐ has not been issued ☐.

\_\_\_\_\_  
Clerk (or designee)                      Municipality                      Date

Subscribed and sworn to by \_\_\_\_\_ before me on \_\_\_\_\_.  
(Clerk or Designee)                      (Date)

\_\_\_\_\_  
Notary Public Signature                      Notary Public Printed Name

State of \_\_\_\_\_, County of \_\_\_\_\_. Acting in the County Of \_\_\_\_\_, \_\_\_\_\_.  
(County)                      State)

My commission expires: \_\_\_\_\_.

#### **PART B:**

I, on behalf of the applicant, understand that this Attestation I is submitted in compliance with Section 205 of the MMFLA and the MMFLA Administrative Rules.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date